

NICOZ DIAMOND INSURANCE LIMITED

MOTOR CLAIM FORM

ANSWER ALL QUESTIONS FULLY AND CORRECTLY. FAILURE TO DISCLOSE ANY INFORMATION OR GIVING FALSE INFORMATION MAY RESULT IN THE CLAIM NOT BEING PAID.

INSURER	Policy No.			
INSURED'S NAME				
Email Address		Mobile #:		
Physical Address		(Day) Phone No.		
Vehicle Details				
Engine No.	Chassis No.	Make	Model	Year
Registration No.		Value		
In whose name is the vehicle registered?		Where can your damaged vehicle be inspected?		
Proposed Repairer's name		Estimate for repairs, attach quotations		
Details of Driver				
Full name		Date of Birth		
Occupation		ID No.		
Driving Licence	Licence No.	Date Issued	Place of Issue	License Type
				Learner Full
If Learner, Details of Instructor				
State fully the purpose for which the vehicle was being used				
Was he/she driving with your permission?				
Details of any convictions for motoring offences				
ACCIDENT				
Date & Time		Place		
Description of Accident/Theft				

UPLOAD PHOTOS OF ACCIDENT				
Were there any witnesses, if so state Name and Contact Details	Name of Witness	Contact Details		
PASSENGERS IN INSURED VEHICLE	Name of Passenger	Occupation	Address	Phone No
For what purpose were they carried?		Are they employees?	Yes	No
OTHER VEHICLES				
Registration No.	Make	Name of Owner	Owner's Address	Owner's Phone No.
Damage		Third Party Insurers		
PROPERTY OTHER THAN VEHICLES				
Name of Owner	Address of Owner		Details of Damage	
PERSONAL INJURIES OTHER THAN THOSE IN INSURED VEHICLE				
Name of Person Injured	Relationship to accident (driver, passenger etc.)	Detail of Injury	Name of Hospital	
We reserve the right to request for the original driver's license We hereby declare the foregoing particulars to be true in every respect				
Signature of Driver		Date		
Signature of Insured		Date		

WARNING – INSURANCE FRAUD IS A CRIME